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FROM: Kory D. Christensen	(801) 578-6993	kdchristensen@stoel.com

Client: 50588	Matter: 105
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COMMENTS:

Attached is an Amendment, Request for Continued Examination, and accompanying documents for Serial No. 10/092,008, filed March 6, 2002, entitled CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE.


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SaltLake-260772.1 0050588-00105

SEP 14 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 50588/105
Applicant(s): Loc V. Guyen			
Serial No. 10/092,008	Filing Date March 6, 2002	Examiner Steven B. Theriault	Group Art Unit 2179
Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE			
I hereby certify that this <u>Amendment Transmittal Letter; see below.</u> <i>(Identify type of correspondence)</i>			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571.273.8300</u>)			
on <u>September 14, 2005</u> <i>(Date)</i>			
<u>Kory D. Christensen</u> <i>(Typed or Printed Name of Person Signing Certificate)</i>  <i>(Signature)</i>			
Note: Each paper must have its own certificate of mailing.			
Transmittal: Amendment (27 pgs.) Request for Continued Examination (1 pg.) PTO-2038 Credit Card Payment Form in the amount of \$790.00			

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 50588/105	
Applicant(s): Loc V. Nguyen					
Serial No. 10/092,008	Filing Date March 6, 2002	Examiner Stephen B. Theriault		Group Art Unit 2179	
Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE					
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TO THE ASSISTANT COMMISSIONER FOR PATENTS: CENTRAL FAX CENTER					
Transmitted herewith is an amendment in the above-identified application.				SEP 14 2005	
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43 -	45 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502375 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: September 14, 2005		
Kory D. Christensen Reg. No. 43,548 STOEL RIVES LLP One Utah Center 201 South Main Street - Suite 1100 Salt Lake City, UT 84111 Telephone: 801.578.6993 Facsimile: 801.578.6999					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.					
Signature of Person Mailing Correspondence					
Typed or Printed Name of Person Mailing Correspondence					
cc: Client					

P11LARGE/REV06